

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014045

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 45

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Marceline</u> 0586	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Florence Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>315 W. Wells</u>	
3. NAME OF DECEASED (Type or print) First <u>T. J.</u> Middle <u>T.</u> Last <u>Sturguess</u>		4. DATE OF DEATH Month <u>5</u> - Day <u>6</u> - Year <u>59</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-3-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe</u>	11. BIRTHPLACE (City and state or country) <u>Miller Co. Mo</u>
13a. FATHER'S NAME <u>Ben</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tifford</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Bessie Sturguess Marceline Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>April 19 50</u> , to <u>May 6 59</u> and last saw her alive on <u>May 6 59</u> Death occurred at <u>11:32 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Otis Carr D.O.</u>		22b. ADDRESS <u>Marceline Mo</u>	
22c. DATE SIGNED <u>5/7/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>5/8/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Marceline Mo.</u>
24. FUNERAL DIRECTOR <u>James McLaughlin</u>		25. DATE RECD. BY LOCAL REG. <u>5-8-59</u>	
ADDRESS <u>Marceline Mo</u>		26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James B. McClelland*

Licensed Embalmer No. *H230*

P. O. Address *Brookfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.